PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Ellective January 1, 2003								10624067					
			Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			31				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		* 18			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		* 1		İ	X42=		OR	X84=		
MU	LTIPLE DEPEN	RESENT				ı	+140=		OR	+280=	10M		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	į	TOTAL		OR	TOTAL	20	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN	
		(Column 1)				(Column 3)		SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	E CL AINA	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=		
	the state of the first term of the state of							TOTAL			TOTAL		
		(Column 1)		(Colu	mn 2\	(Column 3)	/	ADDIT. FEE		10	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	C A INA	=		X42=		OR	X84=		
<u>L</u>	FINST PRESE	NIATION OF W	OLTIFLE DEF	ENDEN	CLAIIVI		,	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X42=			X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] {			OR		-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the entry in column 1 is less than the entry in column 2, while 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													
		nher Previously P					er for	and in the an	nronriate ho	v in co	lumn 1		